



Joseph P. Ganim
Mayor

City of Bridgeport
Department of Health & Social Services
Office of Persons with Disabilities
752 East Main Street, Bridgeport, CT 06608
203-576-8301
203-332-5643
bridgeportct.gov/personswithdisabilities

Ebony Jackson-Shaheed, MPH
Director of Health
& Social Services

Tammy Papa
Acting Deputy Director
of Health Operations

Sha'Kenya Whittaker
ADA Clerical Assistant

HANDICAP PARKING SIGN-REMOVAL REQUEST

Follow the procedures below to request the removal of a Handicap Parking Sign:

1. Submit a handicap sign installation request form (attached) to:

Sha'Kenya Whittaker, ADA Clerical Assistant
752 East Main Street
Bridgeport, CT 06608
203-576-8301
2. Your signed application along with a copy of your driver's license will be forwarded to the City of Bridgeport Police Department. The request will then be forwarded to the City's Traffic Engineer Department.
3. The Department of Engineer will review the request perform an onsite visit and make a recommendation to the Board of Police Commission.
4. The Board of Police Commission will then vote on the decision to approve or disapprove the request.
5. Once a decision is made you will then be notified by mail.

The process can take between (3) to (6) months



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Applicant's Name: _____

Address: _____

Telephone: _____

HANDICAP SIGN CURRENT LOCATION:

1. Do you reside at or near the current handicap parking sign to be removed by this request, _____ if so please provide your address if different from above.

2. Are you the original requester of the Handicap Parking Sign to be removed? Yes No

3. If yes, state the reason you are requesting to have the Handicap Parking Sign Removed:

4. If you are the not the original requester of the Handicap Parking Sign to be removed, please explain why you are requesting the removal of the sign

I, the applicant attest that all of the above information is true and accurate:

Applicant's Signature: _____ Date: _____

Staff Signature: _____ Date: _____